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Research Finds Little Proof on Menopause Treatments

By NICHOLAS BAKALAR

Almost half of American women seek alternative or complementary treatments for the unpleasant symptoms of [menopause](#). But a systematic review of the evidence has found little proof that any of them work.

Researchers reviewed 70 randomized controlled trials of alternative treatments and found insufficient scientific evidence to support the effectiveness of any of the commonly used remedies: herbs, mind-body techniques, energy therapies using magnets or electrical nerve stimulation, homeopathy, naturopathy or culturally based non-Western medical treatments. The review was published yesterday in The Archives of Internal Medicine.

Most of the studies were of poor quality, but even those judged by the researchers to be “fair” or “good” on a three-point scale most often demonstrated little difference between alternative treatments and placebo. For example, a study that compared 56 patients given a soy drink with 55 who drank a medically inactive liquid found no difference between the groups, although both groups got some symptom relief.

Three of four trials of the herb black cohosh, a common alternative treatment for menopausal symptoms, showed no improvement, but the studies suffered from poor methodology. The fourth, judged “fair” by the researchers, enrolled 304 women, half of whom took black cohosh and the other half a placebo for 12 weeks. Compared with placebo, there was greater improvement in the treatment group as measured by the

participants' own reports. Dr. Anne Nedrow, the lead author of the review, said the study "did show some benefits, but we had to balance it with studies that showed none."

The scientists examined nine studies of mind-body therapies, treatments that focus on the ways in which emotional, mental, social, spiritual and behavioral factors can affect health. While they varied considerably in quality, none found a significant improvement compared with placebo treatment using stress-management techniques, meditation, relaxation exercises, audiotape relaxation or supportive counseling.

Therapies involving reflexology, bone manipulation and magnetic devices were found to be almost completely useless. In one small study of magnets, the placebo group showed more improvement than the group that received the magnet treatment.

Acupuncture was also ineffective. The reviewers examined four trials; three demonstrated no difference between real and sham procedures. The fourth, judged by the reviewers to be of fair quality, compared standard [estrogen](#) therapy, sham acupuncture and electroacupuncture, a variation on the practice in which continuous electrical pulses are delivered through the needles. Only the estrogen group improved.

None of six trials of traditional Chinese medicinal herbs, three using a combination of medicines, showed a significant benefit over controls for menopausal symptoms.

Studies of biological therapies like kava, primrose oil, guar gum, wild yam cream and red clover showed little or no difference in symptoms between those who used the substances and those given a placebo.

Still, Dr. Nedrow said, "We don't have proof these therapies don't work, either, because the studies are not of the length, quality and size that you can draw those conclusions."

Dr. Nedrow is an assistant professor of medicine at the Oregon Health and Science University.

Most of the trials lacked consistent or clear reporting of adverse effects, although one five-year follow-up study of soy indicated that it increased the risk for endometrial hyperplasia, a usually benign thickening of the lining of the uterus that can cause abnormal bleeding. Liver toxicity has been reported with both black cohosh and kava.

Dr. Nedrow is not opposed to her patients' using these treatments.

"I think the placebo is a powerful thing and underutilized," she said. "If they're taking a product and they like it and it is safe, I say great, and I won't spend the time to read my article to them."

And she added, "I think that some of these treatments, if the research was better, might show benefits."